· 08/27/05 MON 11:29 FAX

PTO/SBAS (01-05)

PTO/SBAS (01-05)

Approved for use through 6/31/2006. OMB 0651-0016

TUS. Petert and Trademark Office. U.S. DEPARTMENT OF COMMERCE

|                          | Under the Paperwork Reduction Act of 1985, no persons are required to respo  | ond to a collection of information unless it displays a wald OMB control number.   |  |  |  |  |
|--------------------------|--|--|--|--|--|--|
| •                        | PETITION TO ACCEPT UNAVOIDABLY DELAY   | YED PAYMENT OF Docket Number (Optional)  |  |  |  |  |
|                          | MAINTENANCE FEE IN AN EXPIRED PATENT   | (37 CFR 1.378(b))  |  |  |  |  |
|                          |  |  |  |  |  |  |
|                          | Mail to: Mail Stop Petition Commissioner for Patents   | <i>y</i> . <b>C</b>  |  |  |  |  |
|                          | P.O. Box 1450  | 0x 1/2 \   |  |  |  |  |
|                          | Alexandria, VA 22313-1450  | March 15   |  |  |  |  |
|                          | Facc (703) 872-9308  | Or Zo  |  |  |  |  |
|                          | NOTE: If information or assistance is needed in completing the at (703) 305-9262.  | PAYMENT OF Cocket Number (Optional)  (37 CFR 1.378(b))  ORCO  ORCO |  |  |  |  |
|                          |  | · ON   |  |  |  |  |
|                          | 1.12/1.178   | ne 1824 798  |  |  |  |  |
| ,                        | Patent No A  | Application Number <u>08   834, 198</u>  |  |  |  |  |
|                          | Issue Date 10-17-2000  | •  |  |  |  |  |
|                          | CAUTION: Maintenance fee (and surcharge, if any) payr<br>number (or reissue patent number, if a reissu   | ment must correctly identify: (1) the patent   |  |  |  |  |
|                          | actual U.S. application (or reissue application  | n) leading to issuance of that patent to   |  |  |  |  |
|                          | ensure the fee(s) is/are associated with the   | correct patent, 37 CFR 1.368(c) and (d).   |  |  |  |  |
|                          |  |  |  |  |  |  |
|                          | •  |  |  |  |  |  |
|                          | Also complete the following information, if applicable   | , ·  |  |  |  |  |
|                          | The above-identified patent:   |  |  |  |  |  |
|                          | ·  |  |  |  |  |  |
|                          | is a reissue of original Patent No.  | original issue data:   |  |  |  |  |
| ·                        | original application number<br>original filing date  |  |  |  |  |  |
|                          | Original finish data   | <del></del>  |  |  |  |  |
|                          | The second secon | - 07 ( ) 0 0 0 74 - Cirlowaliano   |  |  |  |  |
|                          | resulted from the entry into the U.S. under application  | r 35 U.S.C. 371 of international   |  |  |  |  |
|                          | application .  |  |  |  |  |  |
|                          |  |  |  |  |  |  |
|                          | CERTIFICATE OF MAILING OR TR   | RANSMISSION (37 CFR 1.8(a))  |  |  |  |  |
|                          | I hereby certify that this paper (along with any paper referre   | red to as being attached or enclosed) is   |  |  |  |  |
|                          | (1) being deposited with the United States Postal Service on the date shown below with sufficient  |  |  |  |  |  |
|                          | postage as first class mail in an envelope addressed to<br>P.O. Box 1450, Alexandria, VA 22313-1450 OR   | to Mail Stop Petition, Commissioner for Patients,  |  |  |  |  |
|                          | (2) transmitted by facsimile on the date shown be  | elow to the United States Patent and Trademark   |  |  |  |  |
|                          | Office at (703) 872-9308.  |  |  |  |  |  |
|                          | 1 3/24/27  | 2 5 3Cx/2  |  |  |  |  |
|                          |  | 5  |  |  |  |  |
|                          | Date   | Signature  |  |  |  |  |
|                          |  | Milliam K. Kuncz   |  |  |  |  |
| 07/01/200E B             | MILEN - 00000000 6134118   | Typed or printed name of person signing Certificate  |  |  |  |  |
| WINDEWS B                | MITTH - PANAMAN SISATIO  | Typot or printed rating of porson agriced destinate  |  |  |  |  |
| 01 FC:2551<br>02 FC:1557 | 450.00 UP<br>700.00 UP   |  |  |  |  |  |
|                          | Page 1 a   | rf 4   |  |  |  |  |
|                          | This collection of information is required by 37 CFR 1.378(b). The information is n  | required to obtain or retain a benefit by the public which is to file (end by the  |  |  |  |  |
|                          | USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 complete, including gastering, preparing, and submitting the completed application to   | farm to the USPTO. Time will vsay depending upon the individual case. Any  |  |  |  |  |
|                          | commends on the amount of time you require to complete this form and/or suggest<br>U.S. Patent and Tradomark Office, U.S. Department of Commerce, P.O. Box 14  | tions for reducing this burden, should be sent to the Chief Information Curber,<br>ISO, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED   |  |  |  |  |
|                          | FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Pa  | alesta, P.O. Box 1450, Alexandria, VA 22313-1450.  |  |  |  |  |
|                          | If you need assistance in completing the form,   | call 1-800-PTO-9199 and select option 2.   |  |  |  |  |
| Adjustment o             | date: 11/30/2006 CKHLOK  |  |  |  |  |  |
| 07701/2005 I             | DALLEN 00000008 6134118  | •  |  |  |  |  |
| 02 FC:1557               | -700.00 OP   |  |  |  |  |  |
| PAGE 3/8 * R             | RCVD AT 6/27/2005 2:24:22 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/  | /2 * DNIS:8729306 * CSID: * DURATION (mm-ss):02-30   |  |  |  |  |
|                          | •  | e and the same and the sales   |  |  |  |  |
| Refund Ref:              |  |  |  |  |  |  |
| 11/70/2006               |  |  |  |  |  |  |
| 11/30/2006               | 0030036210   |  |  |  |  |  |
|                          |  |  |  |  |  |  |

, | Master C: XXXXXXXXXXXXXX2112

## RECEIVED CENTRAL FAX CENTER JUN 2 7 2005

PTO/Seas (01-05
Approved for use through 6/31/2008, OMB 0861-0011
U.S. Paters and Tredsmark Office; U.S. DEPARTMENT OF COMMERCI

| Charles and Page 100 100 100 100 100 100 100 100 100 10  |   |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|
| 1. SMALL ENTITY  | ·   |  |  |  |  |  |  |  |  |  |
| Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27.  |   |  |  |  |  |  |  |  |  |  |
| 2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS  |   |  |  |  |  |  |  |  |  |  |
| Petentee is no longer entitled to small entity status. See 37 CFR 1.27(g).   |   |  |  |  |  |  |  |  |  |  |
| 3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))  |   |  |  |  |  |  |  |  |  |  |
| The total to |   |  |  |  |  |  |  |  |  |  |
| 1. SMALL ENTITY  Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27.  2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS  Petentee is no longer entitled to small entity status. See 37 CFR 1.27(g).  3. MAINTENANCE FEE (37 CFR 1.20(e)-(g)))  The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.  NOT Small Entity  Small Entity   |   |  |  |  |  |  |  |  |  |  |
| NOT Small Entity   | Small Emity                               |  |  |  |  |  |  |  |  |  |
| Amount Fee (Code)  | Amount Fee (Code)                         |  |  |  |  |  |  |  |  |  |
| □ \$3 1/2 yr fee (1551)  | ⊠ s 455 3 1/2 yr fee (2551)               |  |  |  |  |  |  |  |  |  |
| 57 1/2 yr fee (1552)   | □ \$7 1/2 yr fee (2862)                   |  |  |  |  |  |  |  |  |  |
| 11 1/2 yr fee (1553)   | \$11 1/2 yr fee (2553)                    |  |  |  |  |  |  |  |  |  |
|  | MAINTENANCE FEE BEING SUBMITTED \$ 455.00 |  |  |  |  |  |  |  |  |  |
|  | WANTEDWINGET EE DEING SOOMTTED O          |  |  |  |  |  |  |  |  |  |
| 4. SURCHARGE   |   |  |  |  |  |  |  |  |  |  |
| The surcharge required by 37 CFR 1.20(i)(1) of \$ 150 (Fee Code 1667) must be paid as a condition of accepting unavoidably delayed payment of the maintenance fee.   |   |  |  |  |  |  |  |  |  |  |
| SURCHARGE FEE BEING SUBMITTED \$ 700.00  |   |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
| 5. MANNER OF PAYMENT   | •   |  |  |  |  |  |  |  |  |  |
| Enclosed is a check for the sum of \$  |   |  |  |  |  |  |  |  |  |  |
| ——————————————————————————————————————   | the sum of \$ A duplicate copy of this    |  |  |  |  |  |  |  |  |  |
| authorization is attached.   | _ the sum of 4 A copyright copy of one    |  |  |  |  |  |  |  |  |  |
| Payment by credit card. Form PTO-2038 Is attached.   |   |  |  |  |  |  |  |  |  |  |
| 6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY  |   |  |  |  |  |  |  |  |  |  |
| The Director is hereby authorized to charge any maintenance fee, surcharge or petition fee deficiency to Deposit   |   |  |  |  |  |  |  |  |  |  |
| Account No A duplicate copy of this authorization is attached.   |   |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
| [Page 2 of 4]  |   |  |  |  |  |  |  |  |  |  |

PTC/SB/66 (01-05)
Approved for use through \$/31/2008, OMB 0861-0016
4 Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a walld Oil THE OF PETITONS 7. OVERPAYMENT As to any overpayment made piease Credit to Deposit Account No. Send refund check. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 8. SHOWING The enclosed statement will show that the delay in timely payment of the maintenance fee was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that this petition is being filed promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent. The statement must enumerate the steps taken to ensure timely payment of the maintenance fee, the date and the manner in which the patentze became aware of the expiration of the patent, and the steps taken to file the petition promptly. Q. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED. Registration Number, if applicable (831)438-3887 x 133 **ENCLOSURES:** Maintenance Fee payment Statement why maintenance fee was not paid timely Surcharge under 37 CFR 1.20(I)(1) (fee for filing the maintenance fee petition) Other:

[Page 3 of 4]

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

|   | REQUEST FOR PATENT FEE REFUND     |               |                |                             |                      |                       |           |                   |  |  |
|---|-----------------------------------|---------------|----------------|-----------------------------|----------------------|-----------------------|-----------|-------------------|--|--|
| 1 Date of Request: 11/30/06 2 Serial/Patent # 6,134,118 |                                   |               |                |                             |                      |                       | 4,118     |                   |  |  |
| 3 Please refund the following fee(s):                   |                                   |               | e(s):          | 4 PAP                       | PER<br>IBER          | 5 DATE                |           | 6 AMOUNT          |  |  |
|   | Filing                            |               |                |                             |                      |                       | \$        | \$                |  |  |
|   | Amendment                         |               |                |                             |                      |                       | \$        | \$                |  |  |
| Extension of Time                                       |                                   |               |                |                             |                      |                       | \$        |                   |  |  |
|   | Notice of Appeal/Appeal           |               |                |                             |                      |                       | \$        |                   |  |  |
| Х   | Petition 1557                     |               |                |                             |                      | 06/27/0               | 5 \$      | 700.00            |  |  |
|   | Issue                             |               |                |                             |                      |                       | \$        |                   |  |  |
|   | Cert of Correction/Terminal D     |               |                |                             |                      |                       | \$        |                   |  |  |
|   | Maintenance                       |               |                |                             |                      | \$                    |           |                   |  |  |
|   | Assignment                        | ,             |                |                             |                      |                       | \$        |                   |  |  |
|   | Other                             |               |                |                             |                      |                       | \$        |                   |  |  |
| ***   |                                   |               |                | 7 TOTAL AMOUNT<br>OF REFUND |                      |                       | \$        | 700.00            |  |  |
|   |                                   |               |                | 8 TO                        | 8 TO BE REFUNDED BY: |                       |           |                   |  |  |
| 10 REASON:  |                                   |               | Х              | 99                          | Preasury Check CARD  |                       |           |                   |  |  |
|   | Overpayment                       |               |                |                             | C                    | Credit Deposit A/C #: |           |                   |  |  |
| ·   | Duplicate Payment                 |               |                | 9                           |                      |                       |           |                   |  |  |
| X.  | No Fee Due (Explanation):         |               |                |                             |                      |                       |           |                   |  |  |
| Арр   | licant has now filed a petition u | nder 37 CFR 1 | .378(c), so th | e petitio                   | n fee ur             | nder 37 CFF           | R 1.378(b | ) is unnecessary  |  |  |
|   |                                   |               |                |                             |                      |                       |           |                   |  |  |
|   |                                   |               |                |                             |                      |                       |           |                   |  |  |
| 11 REFUND REQUESTED BY:                                 |                                   |               |                |                             |                      |                       |           |                   |  |  |
| TYPED/PRINTED NAME: Douglas I. V                        |                                   |               | glas I. Wood   |                             | т                    | TITLE:                | Senior P  | etitions Attorney |  |  |
| SIGNATURE: /douglas wood                                |                                   |               | ood/           |                             | P                    | HONE: _               | 571       | -272-3231         |  |  |
| OFFICE: Office of Petitions                             |                                   |               |                |                             |                      |                       |           |                   |  |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:               |                                   |               |                |                             |                      |                       |           |                   |  |  |
| APPROVED:   |                                   |               |                |                             |                      |                       |           |                   |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B